Please the a plus sign (+) inside this box +

PTO/SB/121 (10-00) Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

perwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

CORRESPONDENCE ADDRESS INDICATION FORM

## Address to:

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Direct all correspondence to:  Place Customer							
□ Customer Number: 23117						Sustome ber Bar	r
	Customer	Number:	2311	1		Here →	
OR	Type Customer Number here						
Request for Customer Number (PTO/SB/125) submitted herewith.							
in the following listed application(s) or patent(s):							
Patent Nu	Application	Application Number		(if appropriate)		Date	
(if appropriate)		10/766,030		<u>\</u>	/		January 29, 2004
							·
						(check one)	
Typed or	B. J. Sadoff						Applicant or Patentee
Printed Name		5.0.00001					
Signature 3 Charles							Assignee of record of the entire
Signature						_	interest. Statement under 37 C.F.R. §
Date	April 27, 2004					3.73(b) is enclosed. (Form PTO/SB/96)	
Address of signer:	1100 North	1100 North Glebe Road, 8 <sup>th</sup> Floor				$\boxtimes$	Attorney or Agent of record
Arlington, VA 22202						K-Y	,
						_	36,663
						(Reg. No.)	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.*							

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS: SEND TO: Assistant Commissioner of Patents, Box CN, Washington, DC 20231.